

**Activity Approval  
Minimum Continuing Legal Education**

State Bar of California  
Office of Certification  
180 Howard Street  
San Francisco, CA 94105-1639  
(415) 538-2100

For Office Use Only

Appl. #:

Prov. #

\_\_\_ \$75 \_\_\_ \$150 \_\_\_ \$225 \_\_\_ \$300

\_\_\_ Returned to Complete

Date:

A \$75 non-refundable fee for each activity must accompany this application. Incomplete forms will be returned.

**1. NAME AND ADDRESS OF PROVIDER**

IMPORTANT: COMPLETION OF THIS FORM DOES NOT CONSTITUTE MCLE APPROVAL FOR PROVIDER'S EDUCATION ACTIVITY. IF GRANTED, APPROVAL FOR THIS EDUCATION ACTIVITY WILL BECOME EFFECTIVE ON THE DATE SET FORTH IN THE NOTIFICATION OF APPROVAL LETTER.

If you have applied for approval in the past year, please indicate if this is a new address?

☐ Yes ☐ No

**E-MAIL ADDRESS**

List complete name and address of provider submitting application. This is how the provider's name will be listed in our records. If the event is co-sponsored, only applicant organization's name should be entered.

**2. CONTACT PERSON**

**3. PROVIDER PHONE (Area Code)**

**CONTACT PHONE (Area Code)**

**FAX NUMBER (Area Code)**

List complete name of the person you would like us to contact. All MCLE correspondence will be sent to the attention of the contact person. List the telephone number with area code of the Provider. List telephone number of contact person, if different. All telephone inquiries will be directed to the contact person at the number provided.

**4. TYPE OF PROVIDER (Check one box which best describes your organization.)**

☐ CA District Arty Assn.

☐ CA Public Defender Assn.

☐ Commercial Educator

☐ Corporate Counsel

☐ Educational Institution

☐ Government Agency

☐ Non-Legal Professional Assn

☐ Law Firm

☐ Local Bar Assn.

☐ Professional Assn.

☐ Individual

☐ State Bar

☐ Other (describe): \_\_\_\_\_

**5. ATTESTATION**

- Provider acknowledges that approval for this activity may be revoked for non-compliance with the MCLE Rules and Regulations, and amendments thereto, or for failure to comply with the agreements and certifications contained in this form.
- Provider certifies that education activity meets the standards specified in Section 7.1 of the MCLE

Rules and Regulations.

- Provider agrees to comply with all of the requirements specified in Section 7.2 of the MCLE Rules and Regulations.
- Provider agrees to comply with all other MCLE Rules and Regulations applicable to providers that are promulgated by the State Bar of California.
- If provider uses promotional materials prior to activity approval, provider agrees to specify in all such materials that application for activity approval is pending and to advise all participants as soon as possible whether or not activity approval is granted.

I HAVE READ THE FOREGOING ANSWERS AND STATEMENTS ON THIS FORM AND ON ANY ATTACHMENTS TO IT AND KNOW THE CONTENTS THEREOF, AND THE SAME IS TRUE OF MY OWN KNOWLEDGE, I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING AND ANY ATTACHMENTS TO IT ARE TRUE AND CORRECT.

PROVIDER NAME: \_\_\_\_\_ BY: \_\_\_\_\_  
(Print Name and Title)

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

*Date and sign on behalf of the provider. The application will be returned if unsigned, undated or incomplete.*

## 6. ACTIVITY

FOR OFFICE USE ONLY  
App.# \_\_\_\_\_

Activity Name: \_\_\_\_\_

☐ Dates of Presentation: \_\_\_\_\_ ☐ Date to be  
Announced \_\_\_\_\_

NATURE OF ACTIVITY (Check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Live presentation          | <input type="checkbox"/> Audiovisual                     |
| <input type="checkbox"/> Skills Workshop            | <input type="checkbox"/> Self-Study/Self Assessment Test |
| <input type="checkbox"/> Online (Describe)<br>_____ | <input type="checkbox"/> Other (Describe)<br>_____       |

ARE THERE WRITTEN MATERIALS FOR ATTENDEES?

\_\_\_ NO

\_\_\_ YES - (Required if Activity is more than One Hour): Total Number of pages: \_\_\_\_\_

(Check below)

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Looseleaf | <input type="checkbox"/> CA MCLE EVALUATION FORM                         |
| <input type="checkbox"/> Bound     | <input type="checkbox"/> Other method of evaluation used (Attach Sample) |

PLEASE ATTACH AN OUTLINE, AGENDA OR ANY PROMOTIONAL MATERIAL OF COURSE PRESENTATION SPECIFYING SUBJECT, BEGIN & END TIME, AND NAME(S) AND TITLE(S) OF SPEAKER(S).

Total Minutes of Course \_\_\_\_\_ divided by 60 & round to nearest quarter hour = \_\_\_\_\_

SUBFIELD CREDITS *(List any hours which were spent on specific subject matter areas described in Section 7.1 of the MCLE Rules and Regulations): Attach short description to support any subfield credits.*

Legal Ethics \_\_\_\_\_

Elimination of Bias \_\_\_\_\_

Substance Abuse \_\_\_\_\_

Law Practice Management \_\_\_\_\_ (not applicable after 1/1/00)

Emotional Distress \_\_\_\_\_

How does this activity relate to legal subjects and otherwise comply with Section 7.1 ?

\_\_\_\_\_

\_\_\_\_\_

If retroactive approval is sought:

Number of Attendees: \_\_\_\_\_ % of Attorneys in Attendance: \_\_\_\_\_

*Box 6 can be used multiple times if you have more than one activity to submit.*